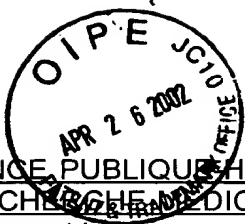


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Patent  
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**POWER OF ATTORNEY  
By Assignee**

TECH CENTER 1600/2900

ASSISTANCE PUBLIQUE HOPITAUX DE PARIS and INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE, assignee of the application for United States Letters Patent for an improvement in

**USE OF STABILISED OLIGONUCLEOTIDES FOR PREPARING A MEDICAMENT WITH  
ANTITUMOR ACTIVITY**  
by Antoine Carpentier

the specification of which:

- ☐ is filed herewith, OR  
☒ was filed on September 19, 2001, having U.S. Patent Application Serial No. 09/937,057,

does hereby appoint as its attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 22249:



**22249**

PATENT TRADEMARK OFFICE

LYON & LYON LLP  
Suite 4700  
633 W. Fifth Street  
Los Angeles, CA 90071  
(213) 489-1600

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Please send all inquiries to Kurt T. Mulville, at the above Customer Number.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☒ is filed for recordation herewith; or  
☐ was recorded at Reel \_\_\_\_\_, Frame \_\_\_\_\_; or  
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee:	ASSISTANCE PUBLIQUE-HOPITAUX DE PARIS	
Post Office Address:	3, avenue Victoria, F-75004 Paris France	
Signature of Declarant or Assignee :	Date: 14 janvier 2002	
Full Name of Declarant : If Other Than Assignee:	Monsieur Nicolas BEST	
Title of Declarant:	Secrétaire Général de la Délégation à la Recherche Clinique	
Address of Declarant:	Délégation Régionale à la Recherche Clinique Carré historique de l'Hôpital Saint-Louis – Porte 23 1, avenue Claude Vellefaux 75010 Paris	

Full Name of Assignee:	INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE	
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Signature of Declarant or Assignee:	Date:	
Full Name of Declarant If Other Than Assignee:		
Title of Declarant:		
Address of Declarant:		

**POWER OF ATTORNEY  
By Assignee**

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Full Name of Declarant	
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Signature of Declarant or Assignee: Françoise MOISAND Directrice	Date: 20 FEV. 2002
Full Name of Declarant If Other Than Assignee: Département Valorisation et Transfert de Technologies	INSTITUT NATIONAL de la SANTE et de la RECHERCHE MEDICALE 101, rue de Tolbiac 75654 PARIS CEDEX 13
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